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Page: 1/2

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BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

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Office of the **Secretary of State** Borbora K. Cegerste Barbara K. Cegavske

K.M.

February 16, 2016

#2541

## State of Nevada **Committee for Political Action** (PAC) **Registration Form**

Page 1

New Registration	PAC (Advocating Passage or Defeat of a Ballot Question)				
Annual (Due on or before Ja	nuary 15th of <u>each</u>	year; NRS 294	\.230(4)(b))	·	
Amended Registration: check all that apply	Change Officer Change Name	S Chang	ge Registered Agen		Change Address
	Other:		-		
Name of Committee:				Telephone:	
Veterans Treatment Courts PAC			····	888-3	16-5EMG (5364)
Malling Address:		<del></del>		,	
2620 Regatta Dr. STE. 102		Las Vegas		NV	89128
Street Name, Number		City		State	Zip Code
PAC Active Email Address: vtcpac@emgnv.com					
REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.					
Name of Registered Agent:				Teleph	
EMG Registered Agent Services		<del> </del>		888-31	6-5EMG (5364)
Physical Address:					
2620 Regatta Dr. STE. 102	[i	Las Vegas		NV	89128
Street Name, Number	(	City		State	Zip Code
REGISTERED AGENT ACCEPT. Committee for Political Action.	ANCE: I hereby acc	cept appointmer	-	ent for t	the above-named
X.			Date: 2/10/2016		
Signature of Registered Agent			2/10/2010		

Revised: 11-5-15



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## State of Nevada **Committee for Political Action**

**Registration Form** Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary). Officer Name and Title: Telephone: Andre' Haynes, President-Secretary-Treasurer-Director 888-316-5EMG (5364) Malling Address: 2620 Regatta Dr. STE. 102 Las Vegas NV 89128 Street Name, Number Zip Code City Officer Name and Title: Telephone: Mailing Address: Street Name, Number City Zip Code Officer Name and Title: Telephone: Mailing Address: Street Name, Number State Zip Code City Officer Name and Title: Telephone: Mailing Address: Street Name, Number City State Zip Code AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary). Name of Organization: Telephone: Mailing Address: Street Name, Number Zip Code Clty Name of Organization: Telephone: Mailing Address: Street Name, Number Zip Code City Name of Organization: Telephone: Mailing Address: Street Name, Number State Zip Code City **SUBMITTED BY:** Printed Name: Date: Telephone: Andre' Haynes 02/10/2016 888-316-5364

Signature of Representative of Group

EL400 Revised: 11-5-15